

Decision Report - Executive Decision

Forward Plan Reference: FP/23/12/04

Decision Date – 18 March 2024

Key Decision – Yes



Substance Misuse Commissioning 2024/25

Executive Member(s): Cllr Adam Dance - Lead Member for Public Health, Equalities and Diversity

Local Member(s) and Division: County Wide

Lead Officer: Alison Bell Public Health Consultant

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Summary / Background

1. Somerset Council Public Health currently commissions an all-age drug and alcohol treatment service in Somerset, called Somerset Drug and Alcohol Service (SDAS) provided by Turning Point a national voluntary sector provider of specialist drug and alcohol services.

In December 2021, Government published [From harm to hope: a 10 year drugs plan to cut crime and save lives](#) and to support its implementation the government has allocated additional funding over a 3 year period 2022/23 to 2024/25. This supplemental funding is to support improvements in the quality and capacity of drug and alcohol treatment and is subject to plans being submitted annually and approved nationally.

2. In year three, 2024/25, Somerset has been awarded up to £1,440,000.

In line with the spending requirements, our submitted 2024/25 plan is focused on maintaining the growth in the capacity of the commissioned drug and alcohol services workforce to deliver drug and alcohol treatment to individuals and families affected by their loved one's use. Somerset Council has been advised that funding will continue post March 2025, however, that has not been confirmed in writing By HM Treasury

3. The additional funding asks local areas to deliver the following outcomes over the 3 years:
 - To have stretch targets to increase the numbers of adults in structured treatment by 20% and young people by 50%.
 - To reduce drug and alcohol related deaths.
 - To improve access to treatment for individuals referred from the criminal justice system.
4. The plan submitted sets out a stepped approach to reach these aspirations,

with particular focus on increasing the number of dependent alcohol users in treatment who may not traditionally seek help with their drinking.

5. A requirement of the national drugs strategy is that areas either establish a Combating Drug and Alcohol Partnership group on its own geography or join with other areas to form this partnership.

Somerset has agreed to operate its Partnership based on the geographical boundaries of the County of Somerset.

The rationale being that this mirrors the Somerset Integrated Care System footprint and has one Specialist Substance Misuse Treatment provider, commissioned by the Local Authority Public Health team. The Police Force and Probation Service both have an area commander/head of delivery unit for Somerset who are engaged in the Partnership and are supportive of this approach, as are the Department of Work and Pensions, whose work ultimately supports people's recovery and contribute to the health of Somersets economy.

6. The additional funding is awarded to Somerset under a Memorandum of Understanding from The Secretary of State for Health and Social Care acting through the Office for Health Improvement and Disparities (OHID) which is part of the Department of Health and Social Care. There is a set of outcomes that will be monitored nationally and locally which will supplement our existing performance framework that is used to manage the contract of the specialist drug and alcohol service.
7. The spend plan for the 2024/5 additional allocation covers four areas:
 - 1) Continuation of posts established with additional funds since 2022 including increased outreach and harm reduction workers, criminal justice posts to support community treatment orders, rather than custodial sentences for lower risk offenders, recovery workers for adults and young people; and continued additional funding of treatment/harm reduction interventions. These posts/interventions are with the commissioned specialist substance misuse service – Turning Point.
 - 2) A focus on increasing the numbers of people who misuse substance and are within the Criminal Justice System who are in specialist treatment. And a focus on increasing continuity of care from prison into the community, which is a national target.
 - 3) Promoting a greater focus on recovery and developing a locally grown recovery organisation to support clients with peer support
 - 4) A pilot to establish local detox services in partnership with NHS, housing and Somerset Drug & Alcohol Services

The funding template required consultation with our existing commissioned service and our Somerset Drug & Alcohol Partners, through our partnership model to discuss our strategic intentions over the additional funding and to cost additional posts within the financial envelope that would be available to Somerset.

The spend plan template was an agenda item at the Somerset Drug and Alcohol Partnership meeting 15th December 2023. Amongst partners we discussed and approved a paper on the 24/25 grant and areas of work to be progressed on. There was agreement amongst the Partnership to continue with previous menu of interventions.

8. The contract for the Somerset drug and alcohol all age service was awarded in April 2019 for an initial 5-year basis with the option to extend for a period of 48 months (2 years + 2 years). The first extension of the contract has been enacted and will now end on 31 March 2026, unless the second extension is taken up. No decision on this has yet been taken.

Recommendations

9. The Executive Member:
 1. Approves the spending plan of the Supplementary Substance Misuse Treatment and Recovery Funding 2024-25
 2. Authorises the Director of Public Health or their Deputy to sign the contract variation with the existing supplier of drug and alcohol treatment provision on behalf of the Authority.
 3. Delegates responsibility to the Director of Public Health and / or their Deputy to finalise commissioning arrangements associated with the detox pilot and other contracts to promote recovery.

Reasons for recommendations

10. There is an existing commissioned service for the delivery of specialist drug and alcohol treatment services across Somerset which is in top quartile nationally in term of performance against Public Health Outcome Framework Indicators. This additional allocation of funds builds on these indicators and aims to continue to improve services.

Other options considered

11. Other options were not considered as the expansion of services needs to be linked with the existing specialist drug and alcohol treatment service offer

Links to Council Vision, Business Plan and Medium-Term Financial Strategy

12. Drug and Alcohol Services contribute to the ambitions outlined in the County Plan for Somerset around being:
 - A healthy and caring Somerset: These services support the health of clients, their family, friends, and the wider community and seek to ensure they get the care and support recovery from dependent alcohol and drug use.
 - A flourishing and more resilient Somerset: These services support clients and their families to gain and maintain employment and to access education and

skills to contribute to Somerset’s economy and be active citizens. This helps develop people’s resilience to alcohol and drug use.

- Enabling vulnerable people access information and services to live drug and alcohol-free lives in their community.
- A fairer ambitious Somerset: These services seek to reduce the inequalities and stigma that are experienced by dependant alcohol and drug users and their families by targeting support to groups of the population who are struggling the most.

13. The additional funding allocational to drug and alcohol service provision is intended to boost the local areas response to addressing the impact of drugs and alcohol and enhance how we respond to the needs of vulnerable people and families.

Financial and Risk Implications

14. The Supplemental Substance Misuse Treatment & Recovery Funding 2022-2025 is an additional central government grant. It is revenue only. For the 2024/25 year the Council has had to revise the outline plan set out in 2022/23 against a menu of interventions. This plan had to be approved by the Office of Health Improvement and Disparities (OHID) before any action can be taken locally.

15. OHID has given the Director of Public Health an indication of future years potential additional allocation but are clear any additional funding is subject to HM Treasury approval. On this basis there is no financial implications beyond 31st March 2025.

16. Somerset will be performance managed by OHID against targets expected from allocating additional funding. This will require significant staff time investment to keep on top of the target trajectories and the quarterly reporting against the grant in addition to existing management of the contract to achieve best value for Somerset.

17. Similarly, when the contract award for specialist drug and alcohol treatment service was made it included the option for 48 months (2 years plus 2 years) extension. This is funded from the Public Health Grant and any disinvestment would impact on the additional grant being made to the county.

18. Discussions with Commercial and Procurement have been undertaken and confirmed that the Supplemental Substance Misuse Treatment & Recovery Funding 2024-25 can be accommodated within the existing contract as the financial variation tolerance of the additional activity is in scope of the original contract brief. The variation we will make to the existing contract is regarding any changes to the scope (not material) in terms of any specific tasks or KPIs related to the additional money. The reporting back to OHID includes financial returns and the spend will be monitored in detail as is the existing contract.

Likelihood	1	Impact	5	Risk Score	5
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Legal Implications

19. As a condition of this award of funding SC have been required to sign a non-legally binding Memorandum of Understanding.

HR Implications

20. Any staff recruited will be employed by the external provider and so there are not thought to be any HR implications. Two staff are employed by Somerset Council on fixed term contracts, to support implementation of this grant.

Other Implications:

Equalities Implications

21. The equalities Impact assessment has been reviewed and updated as part of this key decision.

Further the due regard detailed at the services initial contract award stands.

Access: the service specification has sought to increase the physical presence of specialist staff within existing services through co-location and joint working; and to increase the use of technology to assist access to, participation in and support after drug and alcohol treatment.

Equality and Diversity: The outcomes framework for the service will include analysis by protected characteristic to continuously identify both who is accessing services, their outcomes and any gaps and unmet needs as a consequence of the protected characteristic.

Human Rights: the service specification requires the provider to be compliant with all legislation and this was assessed throughout the procurement process in the selection questionnaire. This will not change with adding additional staff through this funding.

Community Safety Implications

22. Drug use and supply have a significant impact on communities in terms of associated crime, anti-social behaviours and distress which results from the chain of supply and use of illegal drugs and alcohol consumption.

The provision of specialist drug and alcohol services have been identified as an effective and cost-effective intervention in the protection of communities, the rehabilitation of individuals and the reconciliation of families.

The additional funding that will be allocated will enhance existing services especially the links with Probation and the Integrated Offender Management response. This multi-disciplinary team response means close and intensive work with shared clients and the offer of community rehabilitative sentencing options for Somerset courts on alcohol and drugs treatment requirements.

Climate Change and Sustainability Implications

23. This money will be awarded to an existing SC provider, whose sustainability credentials were assessed as part of the contract award.

Additionally, since the pandemic, more of SDAS services are now delivered remotely, which reduces the need for car journeys for both clients and staff, reducing the carbon footprint of services.

Health and Safety Implications

24. This key decision when taken will award SC funding to a Care Quality Commission (CQC) regulated provider, who is required to comply with all the necessary health and safety requirements for both clients and staff.

The Care Quality Commission inspects services against the regulated activity framework, a particular aspect of which is patient safety. Additionally, this provider reports back through Somerset Council Public Health Clinical Governance Assurance process, which identifies patient or staff incidents and what the organisation has done to respond to the individual incident and put in place to prevent future incidents occurring.

This decision does not represent an increased risk for Somerset Council, above the risk of awarding the original contract to provide specialist drug and alcohol treatment support.

Health and Wellbeing Implications

25. This service area will have a:
- Significant positive impact on health and wellbeing on the individuals, families and communities using the service – for example protecting children from the harm caused by drug/alcohol dependent parents; and enabling individuals to access treatment requirements in the community as an alternative to custodial sentences (especially short custodial sentences) and seek to prevent reoffending by addressing underlying vulnerabilities.
 - Significant positive impacts on preventing ill-health (physical and mental health). Both areas are requirements in the specification to pro-actively engage service users to adopt a healthy lifestyle - as part of the Making Every Contact Count (MECC) approach for example to quit smoking, be physically active and eat healthy; and the expansion of the use of Naloxone to prevent opiate overdose.

- Significant positive impacts on reducing health and social inequalities for example increased access to employment through the skills and experience service users develop being a part of the peer mentor programme and acting for example as Peer Naloxone Champions.

Social Value

26. This key decision is awarding additional funding to a provider who has been through an SC competitive tendering process in which its 'Social Value' as a provider was assessed. This provider is a not-for-profit provider, who utilises workers based in Somerset and provides significant training and career development opportunities. Additionally, a central tenant of the service is its recovery model and as such, the service utilises previous clients in the role of peer supporter, after they have undertaken additional training. This provides a pathway into employment for some individuals, who may have struggled to gain employment immediately after completing treatment.

Scrutiny comments / recommendations:

27. Briefing and discussion undertaken on 27/2/24 with Opposition spokesperson and on 29/2/24 with Adults and Health Scrutiny Chair prior to decision meeting with Cllr. Dance.

The Chair of Adults and Health Scrutiny has requested some changes to the wording regarding the priority around people who misuse substances who are in contact with the criminal justice service. Cllr Slocombe wanted to make it clear that the option of a community treatment order was only made available to those individuals who are deemed appropriate by the court.

Background

28. In December 2021, Government published [From harm to hope: a 10 year drugs plan to cut crime and save lives](#). It has four main areas:
- a. Break drug supply chains.
 - b. Deliver a world-class treatment and recovery system (incl. alcohol)
 - c. Achieve a generational shift in the demand for recreational drugs.
 - d. Local partnerships and accountability

As an example, relevant to this decision paper, the ambition for a world class treatment system is:

- **Delivering world-class treatment and recovery services** – rebuild local authority commissioned substance misuse services, improving quality, capacity, and outcomes.

- **Rebuilding the professional workforce** – develop and deliver a comprehensive substance misuse workforce strategy.
- **Ensuring better integration of services** – making sure that people’s physical and mental health needs are addressed to reduce harm and support recovery, and ongoing delivery of Project ADDER to join up treatment, recovery, and enforcement.
- **Improving access to accommodation alongside treatment** – access to quality treatment for everyone sleeping rough, and better support for accessing and maintaining secure and safe housing.
- **Improving employment opportunities** – employment support rolled-out across England and more peer support linked to Jobcentre Plus services.
- **Increasing referrals into treatment in the criminal justice system** – specialist drug workers to support treatment requirements as part of community sentences so offenders engage in drug treatment.
- **Keeping prisoners engaged in treatment after release** – improved engagement of people before they leave prison and better continuity of care into the community.

It draws on the work of Professor Dame Carol Black who was commissioned by the Home Office and the Department of Health and Social Care to undertake a 2-part independent review of drugs, to inform the government’s thinking on what more can be done to tackle the harm that drugs cause.

[Part one](#) was published on 27 February 2020 and provides a detailed analysis of the challenges posed by drug supply and demand, including the ways in which drugs fuel serious violence. [Part 2](#) was published on the 8 July 2021 and focuses on drug treatment, recovery, and prevention.

The report’s aim is to make sure that vulnerable people with substance misuse problems get the support they need to recover and turn their lives around, in the community and in prison. It contains thirty-two recommendations for change across various government departments and other organisations, to improve the effectiveness of drug prevention and treatment and to help more people recover from dependence.

Following government response to Professor Dame Carol Black review, the harm to hope 10-year plan was published; and to support its implementation the government announced additional allocations of funding over a 3-year period 2022/23 to 2024/25. The decision paper here is the use of the first year of funding to develop a world class treatment system.

There is additional funding with the Constabulary and Office of Police and Crime Commissioner to tackle drug supply networks.

Background Papers

29. From Harm to Hope; A 10 Year Drugs Plan to Cut Crime & Save Lives - <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

Professor Dame Carol Black – Independent Review of Drugs:

Part One - <https://www.gov.uk/government/publications/review-of-drugs-phase-one-report>

Part Two - <https://www.gov.uk/government/publications/review-of-drugs-phase-two-report>

Project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) <https://www.gov.uk/government/publications/project-adder>




Somerset Alcohol Needs Assessment 2021 [Somerset Alcohol Needs Assessment 2021 \(somersetintelligence.org.uk\)](https://www.somersetintelligence.org.uk)

Report Sign-Off (if appropriate) (internal use only - not for publication)

	Officer Name	Date Completed
Legal & Governance Implications	David Clark	29/2/24
Communications	Peter Elliott	14/2/24
Finance & Procurement	Nicola Hix	29/2/24
Workforce	Dawn Bettridge	16/2/24
Asset Management	Oliver Woodhams	29/2/24
Executive Director / Senior Manager	Louise Woolway	23/2/24
Strategy & Performance	Alyn Jones	14/2/24
Executive Lead Member	Cllr Adam Dance - Lead Member for Public Health, Equalities and Diversity	23/2/24
Consulted:	Councillor Name	
Local Division Members	NA – county wide	
Opposition Spokesperson	Opposition Spokesperson - Public Health & Equalities - Cllr Lucy Trimnell	27/2/24
Scrutiny Chair	Scrutiny For Policies - Adults and Health Committee - Cllr Gill Slocombe	29/2/24

Somerset Equality Impact Assessment

Before completing this EIA, please ensure you have read the EIA guidance notes – available from your Equality Officer or www.somerset.gov.uk/impactassessment

Organisation prepared for (mark as appropriate)	 Somerset Council	X	 Somerset		 Somerset NHS Foundation Trust	
Version	V2		Date Completed	13.2.2024		
Description of what is being impact assessed						
<p>Somerset Council Public Health currently commissions an all-age drug and alcohol treatment service in Somerset, called Somerset Drug and Alcohol Service (SDAS) provided by Turning Point - a national voluntary sector provider of specialist drug and alcohol services.</p> <p>In December 2021, Government published From harm to hope: a 10 year drugs plan to cut crime and save lives and to support its implementation the government has allocated additional funding over a 3 year period 2022/23 to 2024/25. This supplementary funding is to support improvements in the quality and capacity of drug and alcohol treatment system and is subject to plans being submitted annually and approved nationally.</p> <p>In year three, 2024/25 Somerset has been awarded up to £1,440,000. In line with the spending requirements, our submitted 2024/25 plan is focussed on maintaining the expanded workforce within the commissioned drug and alcohol services workforce to deliver drug and alcohol treatment to more individuals and families affected by their loved one's use. The local Somerset service is provided by Turning Point and called Somerset Drug and Alcohol Service (SDAS).</p>						

Evidence

What data/information have you used to assess how this policy/service might impact on protected groups? Sources such as the [Office of National Statistics](#), [Somerset Intelligence Partnership](#), [Somerset's Joint Strategic Needs Analysis \(JSNA\)](#), Staff and/ or [area profiles](#),, should be detailed here

There is a national monitoring system called National Drug Treatment Monitoring System (NDTMS) which Somerset reports into and as part of commissioned provision locally we have a local information case management system that allows us to monitor performance in real time including the protected characteristics of clients in treatment. For this EIA we have looked at clients who have had an active tier 3 structured treatment episode with Somerset Drug & Alcohol Service, from 1st April 2022-31st March 2023. There will be a slight difference in the total number of clients in some categories compared to others because blank columns are not accounted for in some tables. Clients will be double counted if they have had multiple episodes with different info recorded – they will appear in the tallies for each category that applies to one of their episodes. If the data quoted under any of the characteristics cover different time periods it will be specified.

Age

The age distribution of Somerset's treatment population between 1.4.2022 and 31.3.2023 is shown in the table below:

Number of Clients, % of clients

BY AGE AT INITIAL ASSESSMENT

Age at Initial Assessment	Number of Clients	% of clients
Blank	24	0.86%
66+	64	2.29%
56-65	209	7.47%
46-55	512	18.31%
36-45	774	27.68%
26-35	736	26.32%
18-25	301	10.77%
<18	176	6.29%
Total	2796	100.00%

This shows overall the largest proportion of clients are aged 26 and 45 years – more than half those in treatment are within this age range.

%RT Count of Episode ID

BY AGE AT INITIAL ASSESSMENT , DRUG CATEGORY BASIC

Age at Initial Assessment	Alcohol and non-opiate	Alcohol only	Non-opiate only	Opiate
Blank	4.35%	8.70%		86.96%
66+		90.63%	4.69%	4.69%
56-65	7.66%	72.25%	2.39%	17.70%
46-55	11.72%	41.02%	5.27%	41.99%
36-45	11.37%	27.39%	9.04%	52.20%
26-35	13.99%	20.92%	19.29%	45.79%
18-25	25.58%	13.29%	37.87%	23.26%
<18	39.88%	9.52%	48.21%	2.38%
Total	14.78%	30.25%	15.86%	39.11%

Those in the under 18 age range more likely to be in treatment for non-opiate use or alcohol and non-opiate use This difference in substance misuse by age requires different approaches to engage people and retain them in service to help them meet their recovery goals.

We also understand that the latest prevalence figures indicate there are 5,230 possible dependant drinkers in Somerset. SDAS was supporting 19% of these possible alcohol dependant users during this year. The average for services across England is 21% of possible alcohol dependant users. A key element to the additional funding is to increase the numbers of people in treatment with a particular focus on alcohol. Nationally the government wants to see a 20% increase in adults in treatment and 50% increase in young people. Our local ambition to meet these targets recognises that we need to do more outreach and understand better how to target messages to those who do not currently seek help or do not see the service as relevant to them.

Disability

National drug and alcohol dataset for collecting disability information for people in drug/alcohol treatment came into force April 2016. This data field gives each client an option of answering up to three disability fields so a single client may have multiple

disabilities. A client was only classified as having no disability if they answered that in the first field, otherwise it was not counted. On this basis in looking at data 2022-23, 51% respond they had no disability, 38% responded they did have a disability and the largest proportion reported 'behaviour and emotional' 15.6% as the disability type.

Co-existing mental health and drug/alcohol misuse issues have been identified as an area that requires specific focus for many years. Local data confirms that over the last year the proportion of clients with a dual diagnosis has grown from 34.4% in 2020/21 to 61% in 2022-23; and we see women are more likely than men to be in receipt of treatment for mental health issues alongside drug and alcohol issues (women 56.3% men 42.5%).

Gender Re-assignment

This is a data field recorded but as numbers are low it is suppressed, in accordance with information governance standards. Of more importance for this protected characteristic is that the service and its workforce are culturally competent, and have access to appropriate training, resources, policies, advice and guidance – particularly in an area where there are small numbers of people with this need and so staff may rarely encounter a client who is undergoing or completed gender re-assignment.

Marital / Civil Partnership Status

53% of all people in treatment are single; and 29%% self-reported as being in a relationship (married/civil partnership/long term partner). With increasing numbers coming into the service, it is important to understand the nature of the relationships as either partners' recovery may be affected by domestic abuse and this will impact on engagement in treatment and recovery. There is work being progressed under the Safeguarding Adults Board, to establish how substance misuse, domestic abuse and mental health services work together effectively.

Pregnancy and maternity

In relation to parental drug/alcohol use and the impact on children, during the 2022-23 25% of SDAS caseload report having parental responsibility for children under 18 years. . From 2020/21 there has been a service development within Somerset through a multi-disciplinary team which includes children service, substance use, mental health, and domestic abuse. The work with substance use is earlier than the treatment service but is connected. This team is called Family Solutions and is just over three years old.

The numbers of pregnancies in clients are small but need to be well managed between maternity services, health visiting and the drugs and alcohol service.

Race

The majority of clients in structured treatment (91.7%) classify themselves as White British; this is (broadly) similar to the population of Somerset (94.6%). 'Other White' made up 3.11% of the clients in structured treatment. Recent work has started between SDAs and Somerset Diverse Communities to ensure information about the service and how to gain support is made available to different communities within Somerset.

Religion and Belief

The majority of those in structured treatment 57% report they have no religion or belief: A large proportion (18.7%) of clients have 'unknown religion'.

Sex

From looking at all client data (at all levels of intervention) from April 2022 to March 2023 there were more males in treatment than females 63% vs 37%. This is roughly in line with the national breakdown, though has changed slightly from the last EIA when we looked at data 1st April 2017 – 31st March 2018 when it was 70% men to 30% women.

Sexual Orientation

There is evidence that suggests the prevalence of drug use is higher among lesbian, gay, bisexual, and transgender (LGBT) populations, and men who have sex with men (MSM), than the general population.

Local data collected indicates that out of those in treatment in the year 2022-23 the majority 83% identifying as heterosexual, with 3.6% identifying as lesbian, gay, or bisexual.

Numbers are relatively small and therefore direct comparison with national estimates is problematic. However, regardless of whether prevalence of drug and alcohol misuse is higher, lower or the same amongst LGBT populations relative to the general population in Somerset, it is essential that services are delivered that meet the needs of all individuals and staff are trained to

be able to ask appropriately with confidence.

Veterans

Local data indicates that between April 2022 and March 2023 2.6% of clients were either veterans or member of the armed forces. Data reporting has improved of people’s status with regard to armed forces, which helps services meet clients’ needs effectively.

Who have you consulted with to assess possible impact on protected groups and what have they told you? If you have not consulted other people, please explain why?

For this decision paper we have not undertaken any consultation.

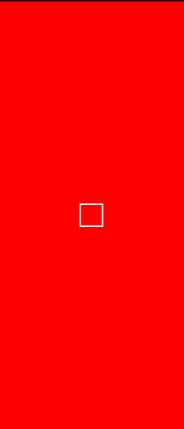
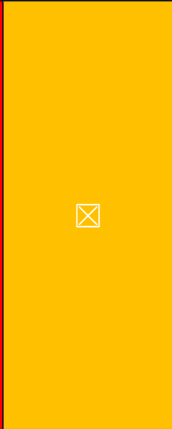
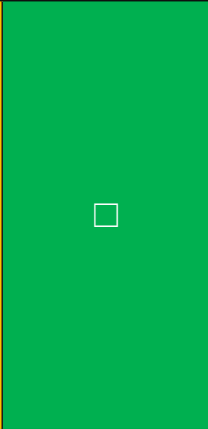
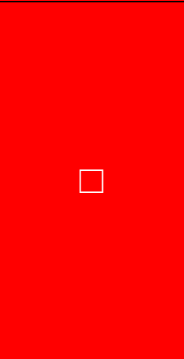
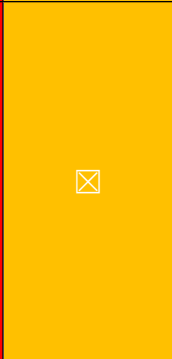
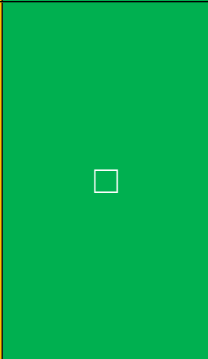
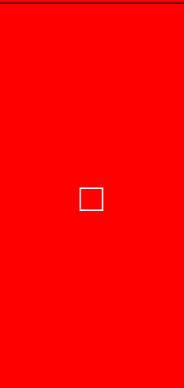
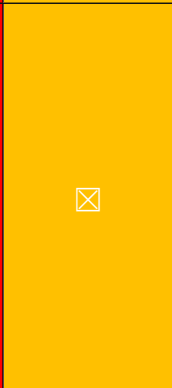
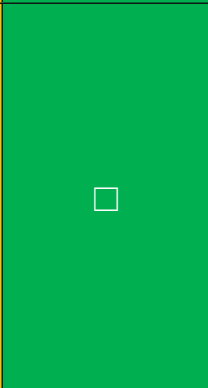
Analysis of impact on protected groups

The Public Sector Equality Duty requires us to eliminate discrimination, advance equality of opportunity and foster good relations with protected groups. Consider how this policy/service will achieve these aims. In the table below, using the evidence outlined above and your own understanding, detail what considerations and potential impacts against each of the three aims of the Public Sector Equality Duty. Based on this information, make an assessment of the likely outcome, before you have implemented any mitigation.

Protected group	Summary of impact	Negative outcome	Neutral outcome	Positive outcome
Age	<ul style="list-style-type: none"> Local data shows overall the largest proportion of clients are aged 26 and 45 years; with those in the under 18 age range more likely to be in treatment for non-opiate use and alcohol and non-opiate use compared to those aged 26-45 age range using opiates and those using alcohol only being in 26-55 age range. This difference in substance requires different approaches to engage people and retain them in service to recovery. 	□	□	☒

	<ul style="list-style-type: none"> • Age is a data collection requirement from the commissioned service, and we need them to tackle the data quality and reduce missing or fields marked as unknown. • The expansion in service capacity linked to this key decision will enable more outreach activities, which will help engage different age groups of clients with specialist drug and alcohol treatment services, when they present at other services such as A&E, this has worked well to engage younger people with specialist services, as a pilot SDAS staff have been based in our local A&E departments of our hospitals. 			
Disability	<ul style="list-style-type: none"> • Local data indicates of those that indicate a disability it is most likely to be reported as behaviour and emotional as the disability type. • Disability is a data collection requirement from the commissioned service, and we need them to tackle the data quality and reduce missing or fields marked as unknown. • This key decision will enable expansion of the dual diagnosis work, which supports people who have both identified mental health needs and substance misuse needs, this is the single biggest self-identified group of disability within the current service. 	□	□	☒
Gender reassignment	<ul style="list-style-type: none"> • Though no specific impact has been identified there is a need to ensure that the providers of all the projects will need to demonstrate it has access to appropriate training, resources, advice and guidance – particularly in areas where there are small numbers of people, which may result in staff having limited experience in this area. • Gender reassignment is a data collection requirement from the commissioned service and we need them to be aware of clients' gender identity and need to ensure that all staff are 	□	☒	□

	<p>culturally competent, and have access to appropriate training, resources, advice and guidance – particularly in areas where there are small numbers of people which may result in staff having limited experience in this area.</p>			
Marriage and civil partnership	<ul style="list-style-type: none"> Though no specific impact has been identified there is a need to ensure that all staff take account of the data that indicates though many are single, some have ongoing contact with their children. Therefore, it is important that parental status and the relationship to any children is recorded and monitored and actively considered as part of the ability to participate in the interventions offered. 	☐	☒	☐
Pregnancy and maternity	<ul style="list-style-type: none"> Though no specific impact has been identified there is a need to ensure that all the staff have a system for recording and monitoring in place; and are responsive to the needs of women (and men) when there is a pregnancy. 	☐	☐	☐
Race and ethnicity	<ul style="list-style-type: none"> Available local data matches national data in that more likely to be White: English/Welsh/Scottish/Northern Irish/British in treatment. However, there is a need to ensure that all staff are culturally competent, and have access to appropriate training, resources, advice, and guidance – particularly in areas where there are small numbers of people from different ethnicities and cultures, which may result in staff having limited experience in this area. Work has begun with Somerset Diverse Communities to ensure information regarding available support through SDAS reaches different communities, in different languages. 	☐	☒	☐

<p>Religion or belief</p>	<ul style="list-style-type: none"> Local data indicates 57% of those in structured treatment report they have no religion or belief. However, religion or belief is a data collection requirement from the commissioned service, and we need them to tackle the data quality and reduce missing or fields marked as unknown. Though no specific impact has been identified there is a need to ensure that all staff are culturally competent, and have access to appropriate training, resources, advice and guidance – particularly in areas where there are small numbers of people from different groups and cultures, which may result in staff having limited experience in this area. 			
<p>Sex</p>	<ul style="list-style-type: none"> Almost two thirds of the people being supported by SDAs are men (63%) compared with 37% who are women. National and local prevalence data related to opiate and crack use suggest rates of use 4 times higher in men than women, for alcohol use the data suggests rates of dependent drinking among men three times higher than women, so we would expect to see a disparity between the number of men and women accessing the service for support, as this is based on need. 			
<p>Sexual orientation</p>	<ul style="list-style-type: none"> Local data collected indicates that out of those in treatment between April 2022 and March 2023 the majority 83% identify as heterosexual 12% identifying as lesbian, gay, or bisexual. Numbers are relatively small and therefore direct comparison with national estimates is problematic. However, regardless of whether prevalence of drug and alcohol misuse is higher, lower or the same amongst LGBT populations relative to the general population in Somerset, it is essential that services are delivered that meet the needs of all individuals and staff are trained to be able to ask appropriately with confidence. 			

Armed Forces (including serving personnel, families and veterans)	<ul style="list-style-type: none"> Local data indicates that 2.6% of clients who were either veteran or member of the armed forces. 	□	⊗	□
Other, e.g. carers, low income, rurality/isolation, etc.		□	⊗	□

Negative outcomes action plan

Where you have ascertained that there will potentially be negative outcomes, you are required to mitigate the impact of these. Please detail below the actions that you intend to take.

Action taken/to be taken	Date	Person responsible	How will it be monitored?	Action complete
				□

If negative impacts remain, please provide an explanation below.

Completed by:	Alison Bell
Date	12 th February 2024
Signed off by:	Alison Bell

Date	12 th February 2024
Equality Lead sign off name:	Tom Rutland
Equality Lead sign off date:	1 st March 2024
To be reviewed by: (officer name)	Alison Bell
Review date:	February 2025